

FILED APR 12 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 12 1940  
399 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9568

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Kansas City General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Glenn Edward McCune 250

3. (b) If veteran, name war World War Vet. 3. (c) Social Security No. 499-16-1267

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Hettie McCune 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased August 2 1894  
(Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Bowling Green Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor, Hobbing

11. Industry or business Morgan Grocery Co., Inc.

MOTHER FATHER  
12. Name Richard McCune  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Flora Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Clune  
(b) Address 11 W 68th Jan

17. (a) Burial (b) Date thereof Mar. 4 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetary

18. (a) Signature of funeral director D. H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-4-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2901 East 61st Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd  
year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to \_\_\_\_\_ 19\_\_\_\_  
that I was by his side at the time of death and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Bilateral lobar pneumonia  
Acute barbitol intoxication  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Do not know  
(b) Date of occurrence 3-1-40

(c) Where did injury occur? K. P. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

361 Do not know.  
While at work \_\_\_\_\_ (Specify type of place)  
Cause of injury \_\_\_\_\_

23. Signature K. L. Mo. (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#5

